



## Utility Assistance Intake Application Request and Checklist

Dear Applicant

Thank you for your interest in the Utility Assistance Program with the Department of Human Services, Family Assistance Division. Enclosed you will find an intake application for utility assistance and detailed instructions to help you accurately complete your application.

Please note that a signed, completed intake application and all required documents must be submitted in order for your application to be processed in a timely manner. Failure to submit the required documentation listed below will result in delayed processing or denial of your application.

\*The Family Assistance Division will give priority to households in danger of disconnection or those already disconnected. Submission of a completed application does not guarantee assistance will be available.

### Intake Applications can be submitted by :

#### MAIL

Family Assistance Division – Utility Assistance  
Willie Velásquez Center  
1302 N. Zarzamora  
San Antonio, TX 78207

OR

#### FAX

Family Assistance Division – Utility Assistance  
(210) 207-4749

### Utility Assistance Intake Application Documentation Check List

See attached intake application instructions page for a detailed explanation of required documentation

<input type="checkbox"/>	<b>FAD Utility Assistance Intake Application</b> (Page 3)
<input type="checkbox"/>	<b>Income</b> – Must submit proof of current income for all household members eighteen (18) years of age and older. Must be consecutive payment periods and within thirty (30) days of the intake application date.
<input type="checkbox"/>	<b>Award Letters</b> – current year (Social Security, Supplemental Security Income, Disability, Unemployment)
<input type="checkbox"/>	<b>Bank statement</b> can be used to show income from employment or SS/SSI/SSDI if paycheck stubs or award letters are not available
<input type="checkbox"/>	<b>Current utility bill(s):</b> Provide current bill(s)
<input type="checkbox"/>	<b>Photo ID(s) for Account holder (Texas ID/Driver's License/Matricular Consular)</b> <i>This must match service address</i>
<input type="checkbox"/>	<b>Social Security number of Account holder- Last 4 digits only</b>
<input type="checkbox"/>	<b>Birth Certificate (1 child's certificate to qualify)</b>



## Utility Assistance Program- CPS and SAWS Credits

The City of San Antonio Department of Human Services provides Utility Assistance to individuals and families in need based on available funding.

☐ **CPS/ SAWS-** Utility Assistance for CPS Energy and SAWS customers.

☐ **SAWS Plumbers To People** (freshwater leaks), **Laterals To People** (broken sewer lines from home to curb) and **Affordability Discount Program application**

The City of San Antonio Department of Human Services provides Utility Assistance to individuals and families in need based on available funding.

☐ Seniors 60 years and older

☐ Individuals with Disabilities

☐ Families with young children

☐ Individuals using Critical Medical Care Equipment

A Household **MUST** meet income criteria, which is at or below 125% of the current Federal Poverty Level.

Household Size	<b>2016 Annual</b> 125% of Federal Poverty Income Guidelines	<b>2016 Monthly</b> 125% of Federal Poverty Income Guidelines
1.	\$14,850	\$1,238
2.	\$20,025	\$1,669
3.	\$25,200	\$2,100
4.	\$30,375	\$2,531
5.	\$35,550	\$2,963
6.	\$40,725	\$3,394
7.	\$45,913	\$3,826
8.	\$51,113	\$4,259

For families with more than 8 persons, add \$5,175 for each additional person.

Required Documentation-  
Please submit COPIES NOT ORIGINALS

☐ Photo ID(s) for Account holder (Texas ID/Driver's License/Matricular Consular)  
\*This MUST match service address

☐ Social Security # for account holder-  
Last 4 digits only

☐ Latest utility bill

☐ Birth Certificate (1 child certificate to qualify)

☐ Paycheck Stubs for past 30 days (if available)

☐ Award Letters – current year (SS, SSI, Disability, Unemployment)

☐ Bank statements can be used to show income from employment or SS/SSI/SSDI if paycheck stubs or award letters are not available.

☐ Additional documentation as requested

**For Rental Assistance Call (210) 207-7830**



## Utility Assistance Intake Form

	First Name	Middle Initial	Last Name	Date of Birth	Gender	Race: Black/African American, White, American Indian, Asian, Other	Ethnicity: Hispanic/Latino, Non Hispanic/Latino	Relationship to Head of Household (HOH) i.e.: spouse, son, daughter, etc.
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								

### Location:

Service Address:				Enter the <b>TOTAL</b> number of people living in the household	<input type="text"/>
City:	County:	State:	Zip Code:	Do you have more than one account with CPS or SAWS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number:	Alt. Phone Number:	Email:		Is your Household receiving Food Stamps (SNAP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Applicant (Head of Household) Demographic Information

1.	Highest Grade Completed	<input type="checkbox"/> Less than HS	<input type="checkbox"/> HS Grad / GED	<input type="checkbox"/> Some College	<input type="checkbox"/> 2-Year Degree	<input type="checkbox"/> 4-Year Degree					
2.	Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Looking for Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.	Do you own or rent a home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent			

I certify that the information on this application is true and correct to the best of my knowledge and belief. If granted assistance and fraud is proven, I will repay funds spent on my behalf. I authorize the City of San Antonio and utility companies and other sources to release information in this application to pertinent parties. My signature below certifies that I am in need of emergency utility assistance and fully understand the above statement and I agree to the terms of the Utility Assistance Program. I understand a completed application does not guarantee assistance will be provided.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Drop Off or Mail to: 1302 N. Zarzamora, San Antonio Tx, 78207 or FAX to (210) 207-4749

**Please make copies of all supporting documents, DO NOT turn in originals**



## Release of Client Information

I do hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary. Information requested / release may include, but is not limited to, the following: **1)** Services provided to or requested by the household; **2)** Status on utility accounts, payments and consumption histories; **3)** Proof of income, residency, and household members; **4)** Employment details; and **5)** Education details.

- The information I have provided is true and correct to the best of my knowledge and belief.
- My total household income has been calculated, accounted for, and provided to the City.
- I authorize the City of San Antonio to obtain online access to my utility account information and understand that account information may contain personal and/or personally-identifying information.
- I understand that the City of San Antonio will never use my information provided except as need to process this application.
- I understand that the City of San Antonio intends to use my information provided only as need to process this application; I also understand, however, that my information may be subject to a public information request since the City is a public entity. In that instance, the City will seek authority to withhold the information from disclosure.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

**My signature indicates I have received and read the Release of Customer Information, Application Instructions, and the Customer Acknowledgement and that I agree to abide by the terms stated.**

Applicants (Print Name) \_\_\_\_\_  
First Name Last Name  
Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Utility Assistance Program Office Use Only: CIMS2 \_\_\_\_\_



## Client Acknowledgment

*Please Read - Keep this page for your records*

*DO NOT submit this page with your application*

- I understand the Utility Assistance Program is a federal and city funded program and that receiving assistance is based on eligibility (my household must meet the 2016 Federal Income Guidelines and live in San Antonio, Bexar County); and on available funding.
- I understand that the Intake Application is processed in the order received and submission of my Intake Application does not guarantee assistance.
- I understand that the application processing period can take up to 30 days or longer. I understand that if I do not submit all the REQUIRED documentations as listed on the Intake Application request instruction letter, there will be further delay in processing my application.
- I understand the City of San Antonio will not secure any pledge(s) from the utility company or make utility payments until the Intake Application process has been completed and that the City has confirmed the availability of funds. During the application and eligibility process, I am fully responsible for my bill before, during, and after the application and eligibility determination process. Non-payment of a utility bill may result in interruption of services.
- I understand the City of San Antonio will not pay any late fees, deposits, or reconnection charges and that I am responsible for making payments for those fees and charges to my utility provider.
- If my application is approved, I will receive a Notice of Eligibility (NOE) indicating the programs I qualify for, as well as benefit amount(s).
- If my application is denied, I will receive a Notice of Denial (NOD) with the reason(s) indicated. I will also be provided with information on the appeal process.
- I understand that all Disconnection Notices will be processed within 48 hours if the applicant is determined to be eligible.
- I understand that by requesting to receive status updates on my application via email and/or text, all messaging fees are my sole responsibility.
- I understand that I am responsible for notifying the Utility Assistance Program either by e-mail or fax of changes that could affect payment to my account including but not limited to:
  - Change of Account Number
  - Change of Utility Provider
  - Change of Address, Telephone, or Email